



The Commonwealth of Massachusetts  
Executive Office of Health and Human Services  
Department of Public Health  
Division of Health Professions Licensure

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Board of Registration in Pharmacy  
239 Causeway Street, Suite 200, 2<sup>nd</sup> Floor  
Boston, MA 02114  
(800) 414-0168 (office) / 617-973-0983 (fax)  
<http://www.mass.gov/reg/boards/ph>

**APPLICATION FOR MASS. CONTROLLED SUBSTANCE REGISTRATION**  
**FEE: \$151.00**

Cash\_\_\_\_\_Check\_\_\_\_\_

No.\_\_\_\_\_Date\_\_\_\_\_M.O.\_\_\_\_\_

**Please do not write above this line**

I here apply for Registration under Mass. Controlled Substances Act-M.G.L. 94C Section 7.

Applicant Name (corporation)\_\_\_\_\_

Business Address\_\_\_\_\_

(No. and Street)

\_\_\_\_\_  
(City or Town)

\_\_\_\_\_  
(State)

\_\_\_\_\_  
(Zip Code)

Registration Classification:

(a)\_\_\_\_\_Retail Drug Store (b)\_\_\_\_\_Wholesale/Mfg/Dist.

(c)\_\_\_\_\_Hospital/Clinic/Inst. (d)\_\_\_\_\_Nuclear

FEIN #\_\_\_\_\_

**Drug Schedule**

Schedule II              Schedule III              ( ) Schedule IV    ( ) Schedule V    ( ) Schedule VI  
( ) Non-Narcotic    ( ) Non-Narcotic  
( ) Narcotic            ( ) Narcotic

Current drugstore permit No. \_\_\_\_\_ Current Wholesale Druggist License No. \_\_\_\_\_

Signature of Applicant \_\_\_\_\_  
(Owner of facility must sign application)

**Please submit check or money order for \$151.00 payable to the Commonwealth of Massachusetts.**

**WARNING:**

In accordance with Chapter 94 M.G.L. Sec 13, the Board of Registration in Pharmacy in the case of a retail drug business or wholesale druggist, may suspend or revoke a registration to manufacture, distribute, dispense or possess a controlled substance after a hearing pursuant to the provisions of Chapter 34A and upon finding that the registrant has furnished false or fraudulent information in any application filed under the provisions of Chapter 94C.